

Laboratory Safety and Security 2006

Registration

- FEE: \$100.00 (payable to APHL)
- Registration Deadline: November 3, 2006
- Register online at
<http://www.nltm.org/courses>.
If you have difficulty with the online registration process, please telephone 240-485-2727 or send an e-mail to registrar@aphl.org.
- Upon receipt of your registration, a confirmation letter will be sent by e-mail to registered participants. **IF YOU DO NOT RECEIVE A CONFIRMATION LETTER YOU MAY NOT BE COMPLETELY REGISTERED.**
- *Seating is limited, so enroll early!*

Special Needs

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations should notify the NLTN office at 615-262-6315 at least two weeks before the workshop.

Continuing Education Credit

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 6.0 contact hours.

Vendors have been invited to display safety products and information!

588-423-06

National Laboratory Training Network
P.O. Box 160385
Nashville, TN 37216

Please copy and post.
National Laboratory Training Network
Quality Laboratory Practice Through Continuing Education

Laboratory Safety and Security 2006



Raleigh, NC
November 17, 2006

Sponsored by
**National Laboratory
Training Network
and
North Carolina
State Laboratory
of
Public Health**



Laboratory Safety and Security 2006

Agenda

8:00 a.m.	Registration
8:30	Is your laboratory safe?
10:00	Break
10:30	Is your laboratory secure?
12:00 p.m.	Lunch (provided)
1:00	Safety product exercise
1:30	Safety product discussion
1:45	Is your laboratory compliant with the Select Agent rule?
2:30	Break
2:45	What's new in packaging and shipping for 2006?
4:45	Evaluation
5:00	Adjourn

Objectives

At the conclusion of this program, the participants will be able to

- describe two mechanisms for enhancing laboratory security.
- describe two new laboratory safety products or services.
- list the essential components of an effective laboratory safety program.
- use the correct forms and documentation to refer a select agent identified from a clinical specimen to a Laboratory Response Network (LRN) reference laboratory.
- identify at least two packaging and/or shipping requirements for infectious and clinical specimens that have changed since January 2006.
- design and conduct a laboratory safety update, in-service session using materials from this workshop.

Description

In this era of threatening biological and chemical emergencies, both natural and man-made, it is essential that laboratories be both **safe** and **secure**.

- Have you ever been involved in a lab accident? Probably not, yet we might see safety infractions on a daily basis that we choose to ignore. This session will take a behind the scenes look at the unnoticed world of laboratory safety, discuss actual lab accidents, and examine root causes for laboratory mishaps. You will learn how to recognize dangerous lab situations and how to apply practical solutions to prevent them from becoming real events. Also included are new ideas for updating your lab safety manual and reenergizing your safety committee.
- Do you know the appropriate security for your lab? The security session will present the principles of laboratory security that will be outlined in the **new 5th edition** of the *Biosafety in Microbiological and Biomedical Laboratories* (BMBL) currently under development. Learn how to conduct a vulnerability assessment, the nine components of a good biosecurity plan, and why your lab should implement a biosecurity plan.
- What do you know about the Select Agent rule and what all clinical laboratories must do to comply with these requirements? Find out more about the new rules published on March 18, 2005 by the United States Department of Health and Human Services and Department of Agriculture that detail requirements for possession, use, and transfer of select agents and toxins.
- Are you confused about the ever-changing regulations for safely packaging and shipping clinical specimens and infectious substances? In this session you will find out what's new for 2006 and understand the applicable regulations of the Department of Transportation, United States Postal Service, and International Air Transport

Faculty

Richard Green, MSc, CTM

Safety Training Coordinator and Biosafety Officer, Georgia Public Health Laboratory, Atlanta, GA

Louise Barden, PhD, MT(ASCP), CHES

Health Scientist, Office of Workforce and Career Development, Centers for Disease Control and Prevention, Atlanta, GA

M. Kristy Osterhout, BS, SLS(ASCP)

Laboratory Improvement Coordinator, NC State Laboratory of Public Health, Raleigh, NC

Audience

This one-day, intermediate-level workshop is appropriate for clinical and public health laboratory scientists and other individuals concerned with working safely and securely in a laboratory environment. It is of special interest to laboratory safety officers and members of laboratory safety committees.

Location

Wake County Shrine Club
6015 Lead Mine Road
Raleigh, NC 27612

For a list of hotels in the vicinity please contact the NLTN at 615-262-6315 or seoffice@nltn.org.

The National Laboratory Training Network is a training system sponsored by the Association of Public Health Laboratories (APHL) and Centers for Disease Control and Prevention (CDC).
<http://www.nltn.org>

National Laboratory Training Network Registration Form

(Please type or print.)

Training Event Title: Laboratory Safety and Security 2006

Event Type: Workshop

Date: November 17, 2006

Location: Raleigh, NC (588-423-06)

Applicant Information:

(Dr./Mr./Miss/Ms./Mrs.)

Title: _____ First Name: _____ M.I. _____ Last Name: _____

Position Title: _____ State Licensure Number (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ **Date:** _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation

Physician 01
Veterinarian 02
Laboratorian 04
Nursing Professional 05
Sanitarian 06
Administrator 08
Safety Professional 11
Educator 13
Epidemiologist 14
Environmental Scientist 15
Other 12

Type of Employer

Health Department (State or Territorial) 01
Health Department (Local, City or County) 03
Government (Other Local, not City or County) 04
Centers for Disease Control and Prevention 05
U.S. Food and Drug Administration 09
U.S. Department of Defense 11
Veterans Administration Medical Center/Hospital 12
Other (Federal Employer) 15
Foreign 16
College or University 19
Private Industry 21
Private Clinical Laboratory 23
Physician's Office Laboratory/Group Practice 24
Hospital (Private Community) 17
Hospital (Other) 33
State Funded Hospital 25
City or County Funded Hospital 26
Health Maintenance Organization 28
Non-profit 31
Unemployed or Retired 32
Other 30

Education Level (Highest Completed)

Degree
Associate 04
Bachelor 05
Masters 06
Doctoral (M.D.) 07
Doctoral (Other than M.D.) 08
Technical/Hospital School 09
Some College 03
High School Graduate 02
Some High School 01
Other 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003).

Registration Fee: \$100.00

Registration Deadline: November 3, 2006

Register online at
<http://www.nltm.org/courses>.

Or submit your completed registration form to

NLTN

PO Box 97117

Baltimore, MD, 21279-0117

Or by Fax to 240-485-2700

☐ Enclosed is my check or money order payable to APHL.

☐ Bill my credit card. (Circle one.)
VISA Master Card
American Express

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Card Holder's Signature: _____

Date: _____

Amount of Payment: _____

YES! I would like to receive your electronic NLTN Newsletter!

Name: _____

E-mail: _____

Please print clearly – we frequently have e-mails undelivered because we cannot read the writing.

Refund Policy: Cancellations prior to the deadline date will be refunded minus a \$15.00 processing fee. Cancellations after the deadline date will not be refunded. Registrations which cannot be accepted due to over enrollment will be refunded in full.